

CASEWORK INFORMATION FORM

This document authorizes information from my personal records and/or files to be released on my behalf to Governor Chafee or his representative.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact information: Work _____ Home: _____

Cellular: _____ Facsimile: _____

Email _____

Case Number: _____

Date of Birth: _____

Signature: _____ Date: _____

Please describe your issue, indicating the departments or agencies involved and any other pertinent information (use additional paper as necessary):